





Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents **Box RCE** Washington, DC 20231

mection of sillorination unless it displays a valid OMB control number.		_
Application Number	09/209.162	•
Filing Date	Dec. 10, 1998	
First Named Inventor	Michelle Baker	_
Art Unit	2761	
Examiner Name	C. Paula	
Attorney Docket Number	BAK-004	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 a. X Previously submitted (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. Other b. K Enclosed Information Disclosure Statement (IDS) Amendment/Reply iv. \ Other Petition for Two Month Extension of Timo To Kerly □ Affidavit(s)/Declaration(s) 2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of ______ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayment of EIVED Deposit Account No. AUG 2 3 2002 RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) Technology Center 2100 b. Check in the amount of \$ 570 c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED 29,996 Name (Print /Type) Registration No. (Attorney/Agent) GORDUN Signature Aug. CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as frst class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. (SOKDON) Name (Print/Type) Date Sianature Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the meds of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO

NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents,

/14/2002 SSITHIB1 00000131 09209162

Box RCE, Washington, DC 20231.